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| | |
|------------------------|------------------|
| Application Number | 10/667,673 |
| Filing Date | 9-22-03 |
| First Named Inventor | John |
| Art Unit | 3654 |
| Examiner Name | Emmanuel Marcelo |
| Attorney Docket Number | 020614 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

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OR


| | | | | | |
|---|--|-------|--------------|-----|-------|
| <input type="checkbox"/> Firm or Individual Name | John Barney - Individual | | | | |
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Signature |  | | |
| Name | John P. Barney | | |
| Date | 4-13-05 | Telephone | 724-941-1433 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☒ *Total of ONE forms are submitted.

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